Руководителю

управления образования и молодежной политики

администрации городского округа город Воронеж

К.Г.Викторову

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| **заявление** | | | | | | | |
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*фамилия*

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| **Дата рождения**: | ч | ч | . | м | м | . |  |  | г | г |

*отчество*

**Документ, удостоверяющий личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Серия** |  |  |  |  | **Номер** |  |  |  |  |  |  |  |  |  |  |

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| **СНИЛС** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Пол**: |  | мужской |  | женский |

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| **Гражданство:** |  | РФ |  | СНГ |  | без гражданства |  | другое |

**Наименование ОО СПО (иностранной ОО) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Прошу зарегистрировать меня для участия в итоговом сочинении \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(указать дату участия в итоговом сочинении в соответствии   
с расписанием итогового сочинения)* для использования его результатов при приеме   
в образовательные организации высшего образования.

Прошу создать условия для написания итогового сочинения с учетом состояния здоровья, подтверждаемого *(заполняется участниками с ограниченными возможностями здоровья, детьми-инвалидами, инвалидами):*

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| Справкой об установлении инвалидности |  | Рекомендациями ПМПК |  |

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*(указать необходимые условия)*

Согласие на обработку персональных данных прилагается.

Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.)

«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.

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| Контактный телефон |  | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  |